

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042035

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10037

STATE FILE NUMBER

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Rock Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hosp.		d. STREET ADDRESS (If outside, give location) 9553 Plainfield Dr.	
3. NAME OF DECEASED (Type or print) First JESSE Middle M. Last SHELTON		4. DATE OF DEATH Month Oct. Day 9 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Maloney Elec. Co.	
11. BIRTHPLACE (City and state or country) Hubbard City Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William F. Shelton		13b. MOTHER'S MAIDEN NAME Betty Evans	
14. NAME OF HUSBAND OR WIFE Mabel Shelton		17. INFORMANT Address Robert Clark 11035 Worchester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Esophageal Hemorrhage Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Cirrhosis Liver DUE TO (b) 581.0 DUE TO (c) Hy			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:00 a.m. 3:00 p.m. 3:00 Month, Day, Year Oct 9th 63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY St. Louis STATE Mo	
21. I attended the deceased from 3/59 to Oct 9th 63 and last saw him alive on Oct 8th 63 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Laslay Dahms MD (Degree or title)		22b. ADDRESS 1452 So Grand	
22c. DATE SIGNED 10-9-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-11-1963	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) St. Louis Co. Mo	
24. FUNERAL DIRECTOR Parker-Aldrich Webster		25. DATE RECD. BY LOCAL REG. OCT 9 1963	
ADDRESS Groves Mo.		26. REGISTRAR'S SIGNATURE Boal Smith M.O.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Adair Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.